

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211518634

1.) CORPORATION NAME:

DUE DATE: **9/30/2011**

BECHTEL EQUIPMENT OPERATIONS, INC.

SCC ID NO: **F0519787**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O TAX DEPARTMENT
50 BEALE ST

CITY/ST/ZIP: SAN FRANCISCO, CA 94105-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: H. E. LIVERMORE
TITLE: VICE PRESIDENT
ADDRESS: 50 BEALE STREET
C/O TAX DEPT.
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

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OFFICER

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DIRECTOR

NAME: ROBERT B HALL
TITLE: PRESIDENT
ADDRESS: 50 BEALES ST
CITY/ST/ZIP/CO: SANFRANCISCO, CA 94105-

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OFFICER

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DIRECTOR

NAME: MICHAEL C. BAILEY
TITLE: VICE PRESIDENT
ADDRESS: 50 BEALE STREET
C/O TAX DEPT,
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

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OFFICER

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DIRECTOR

NAME: PETER A DAWSON
TITLE: VICE PRESIDENT
ADDRESS: 50 BEALE ST
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

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OFFICER

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DIRECTOR

NAME: JOHN K. DESHONG
TITLE: VICE PRESIDENT
ADDRESS: 590 BEALE STREET
C/O TAX DEPT,
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

NAME:	PETER R. MCCORMACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	50 BEALE STREET C/O TAX DEPT.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	GLEN P. BROCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	50 BEALE STREET C/O TAX DEPT.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	KIMBERLEY C. SCHAFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	50 BEALE STREET C/O TAX DEPT.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	KEVIN C LEADER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	ELDYNE S. PERROU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	50 BEALE STREET C/O TAX DEPT.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	NELLIE LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	50 BEALE STREET C/O TAX DEPT.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	PEGGY H. RESTIVO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST.CONTROLLER		
ADDRESS:	50 BEALE STEET C/O TAX DEPT.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	ANETTE M SPARKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PVP/CONTROLLER		
ADDRESS:	50 BEALE STREET C/O TAX DEPT.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		
NAME:	WILLIAM N. DUDLEY, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 BEALE STREET C/O TAX DEPT.		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105-		

NAME: MARY W. QUAZZO TITLE: VICE PRESIDENT ADDRESS: 50 BEALE ST. CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ PEGGY H. RESTIVO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PEGGY H. RESTIVO, <u>ASST.CONTROLLER</u> PRINTED NAME AND CORPORATE TITLE
<u>8/19/2011</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	